

Audit of Exercise Referral Schemes in Scotland: A snapshot of current practice 2018

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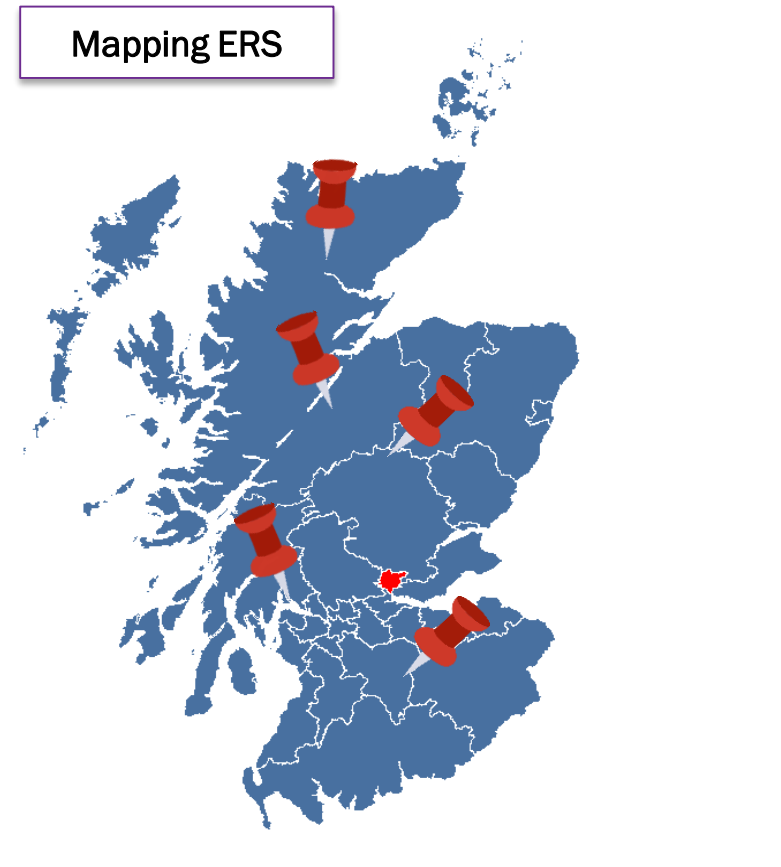
- Brief overview of the aims/objectives/methods of the audit
- Summary of the key findings
- Introduce recommendations

Objectives

Map the reach of exercise referral schemes across Scotland

Document the key features of current schemes

Identify if there have been any changes in the extent of ERS provision compared to previous audits



Definition of Exercise Referral

Any physical activity and exercise intervention which included..

..a referral by a healthcare professional to either a physical activity specialist or third-party physical activity/exercise service provider

..an initial, individualised assessment to determine what type of physical activity to recommend for the individual's specific needs and

..an opportunity to participate in a tailored programme of physical activity, exercise or sport.

Data collection



ERS contact database





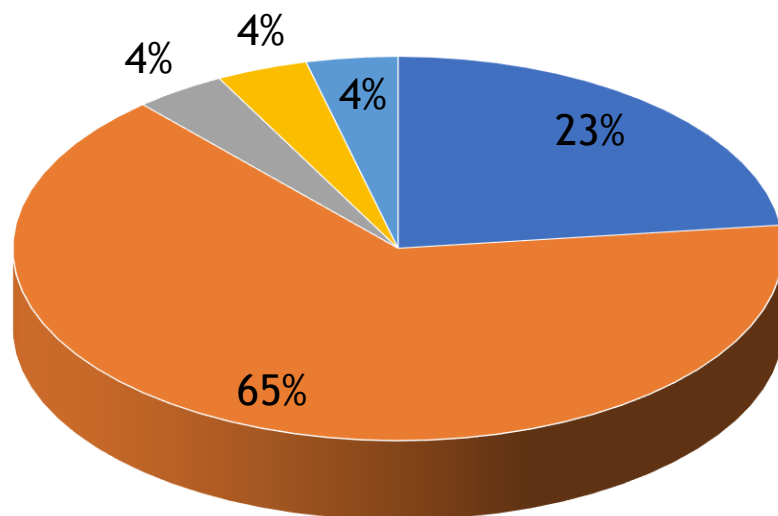
Findings

**36 responses to
the survey**

**7 respondents
excluded**

Geographical coverage

Health Board Area	Geographical coverage
Ayrshire & Aran	North and South Ayrshire
Borders	Whole of Borders/ Galashiels
Dumfries & Galloway	Whole of Dumfries & Galloway
Fife	Whole of Fife
Forth Valley	Stirling, Falkirk and Forth Valley
Grampian	Aberdeenshire, Mintlaw, Peterhead and surrounding area
Greater Glasgow & Clyde	Glasgow City, East and West Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde
Highland	No ERS provision identified
Lanarkshire	North and South Lanarkshire
Lothian	City of Edinburgh and Lothians
Orkney	No ERS provision on the Orkney Isles
Shetland	No ERS provision identified in the Shetland Isles
Tayside	Perth and Kinross all localities, Angus and Dundee
Western Isles	Outer Hebrides

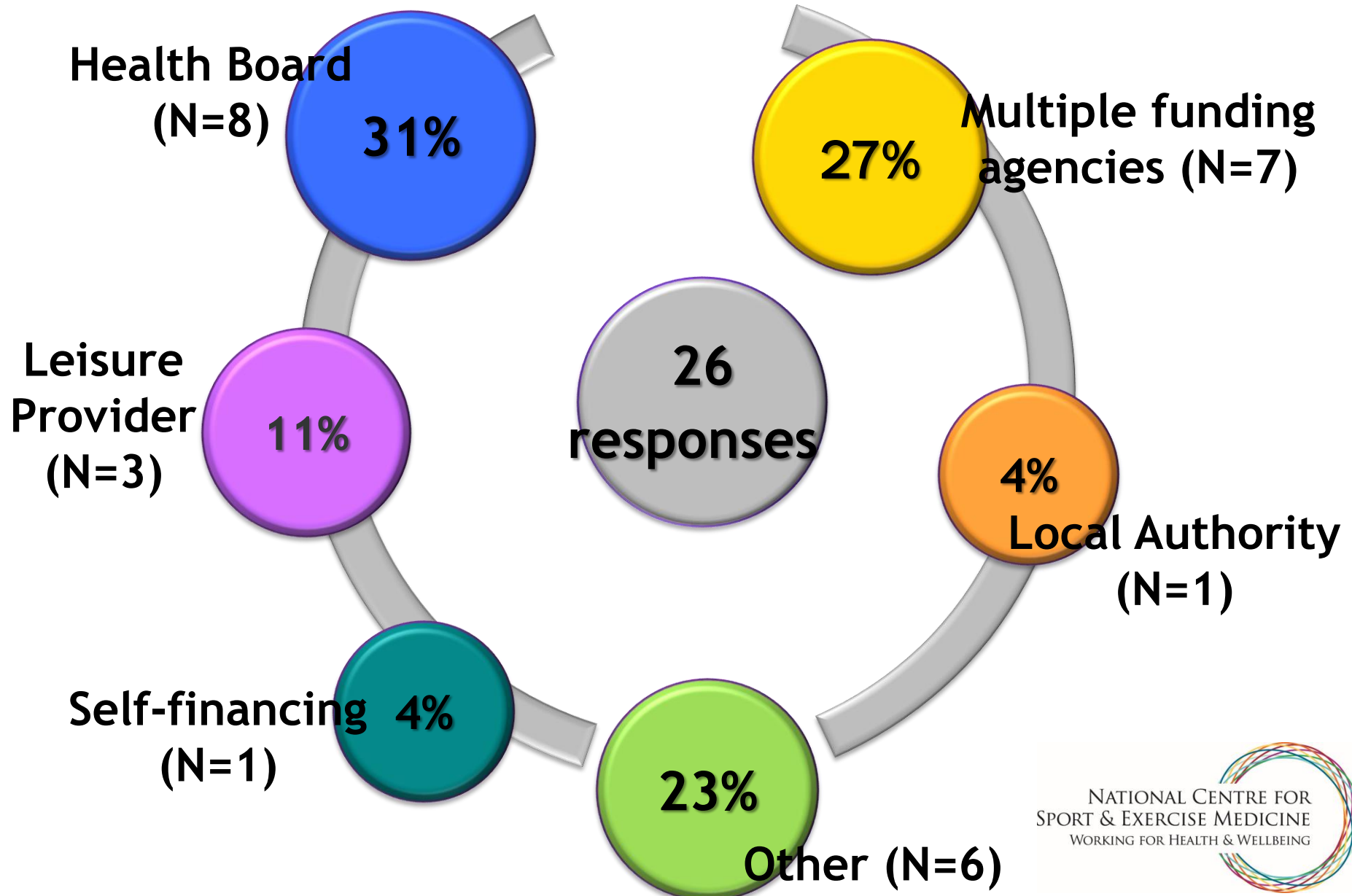


- Health Board Area (N=6)
- Local Authority Area/Part of Local Authority (N=17)
- Single Town (N=1)
- Single Practice (N=1)

Length of schemes

- 17% - 1-3 years (N=3)
- 5% - 4-6 years (N=1)
- 28% - 7-9 years (N=5)
- 11% - 10-12 years (N=2)
- 39% - 13 years or more (N=7)

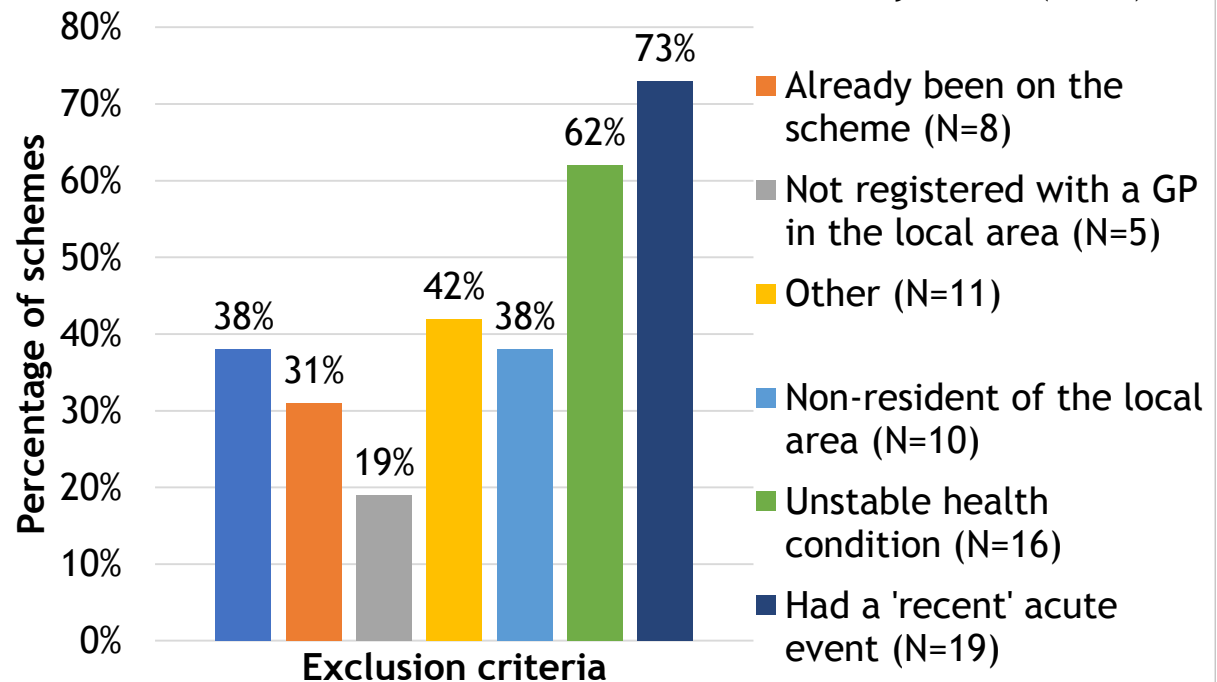
Funding of schemes



Individuals at risk of, or living with, a long-term condition

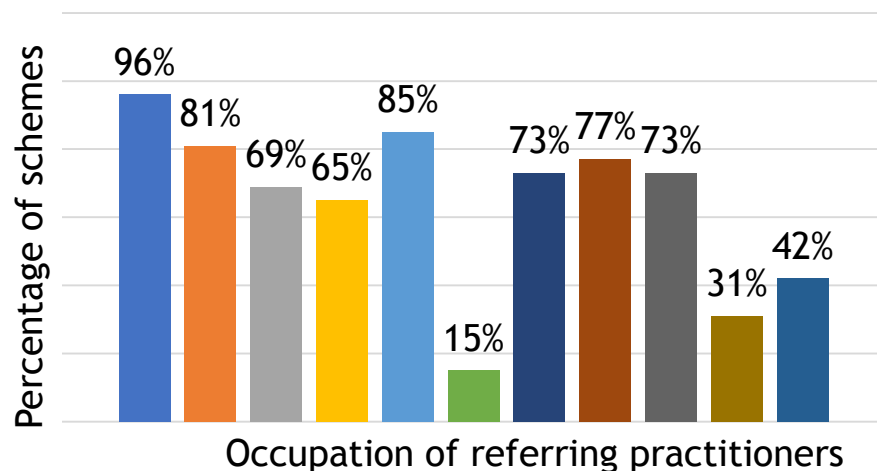
Inactive individuals who could improve health by increasing physical activity

Exclusion criteria (N=26)



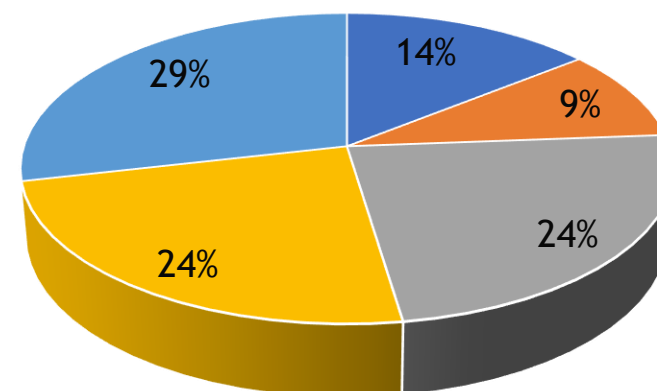
67% of schemes accept patients with a wide range of long term conditions

Referring practitioners (N=26)



- GPs (N=25)
- Practice Nurses (N=21)
- Community Nurses/Health Visitors/Midwives (N=18)
- Dieticians (N=17)
- Physiotherapists (N=22)
- Other (N=4)
- Occupational Therapists (N=19)
- Mental Health Professionals (N=20)
- Specialist Nurses (N=19)
- Pharmacists (N=8)
- Secondary Care Consultants (N=11)

Percentage of referring GP practices (N=21)



- 1-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%



Patient recruitment methods

77% patient initiated
referral

54% via advertising in
local health centre or
community

81% Opportunistically
during consultations

62% Targeted via existing
disease
registers/condition
specific clinics

15% other



Scheme Characteristics

Referral pathways

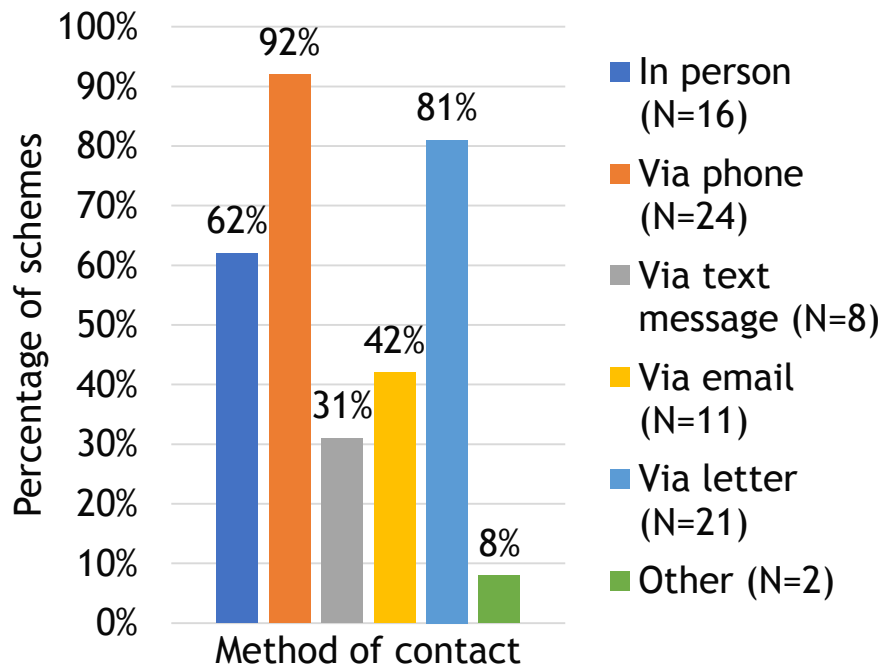
54% paper referral
12% electronic
31% combination
1 scheme no forms

58% Exercise/PA Coordinators
23% Exercise Instructor
11% Administrator
2% Other

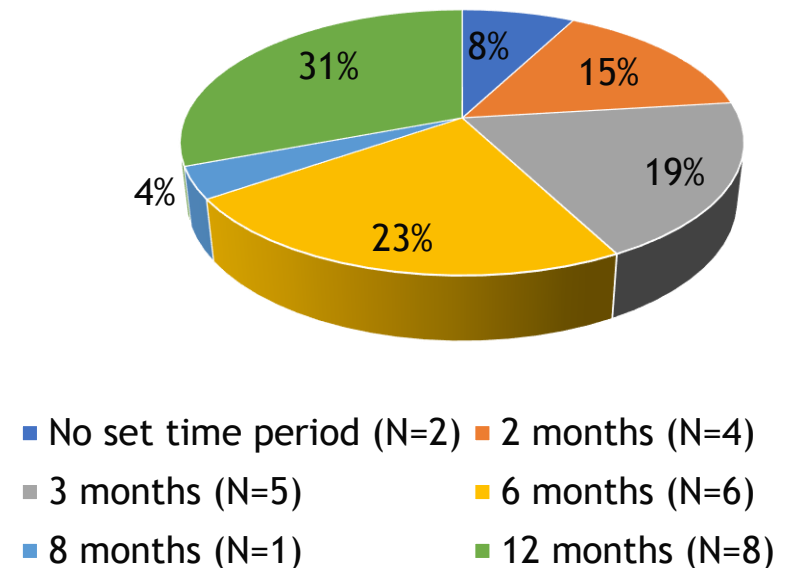
Practitioners receiving referrals

Timing & number of contact points varies from one scheme to another

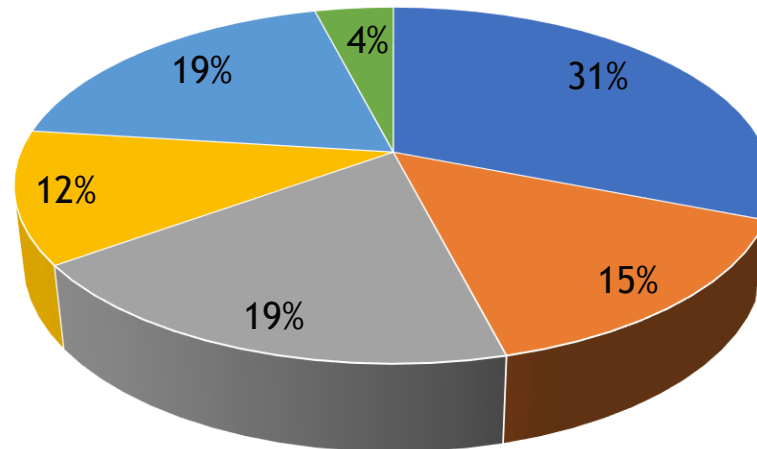
Methods used to contact
participants
(N=26)



Duration of support offered
(N=26)



Follow-up activities for participants who drop out of the scheme (N=26)

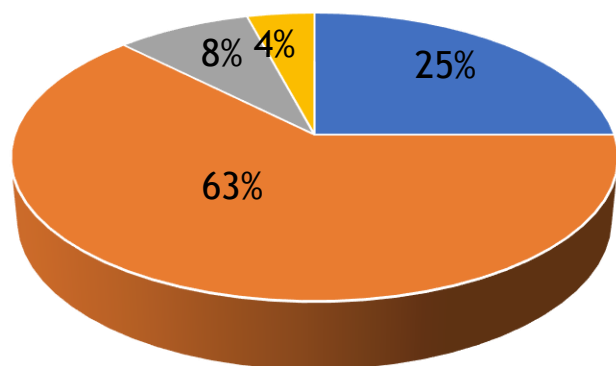


- Phone call (N=8)
- Letter (N=4)
- Combination (phone call & letter) (N=5)
- No follow-up (N=3)
- Other method, but not specified (N=5)
- Notify the referrer (N=1)



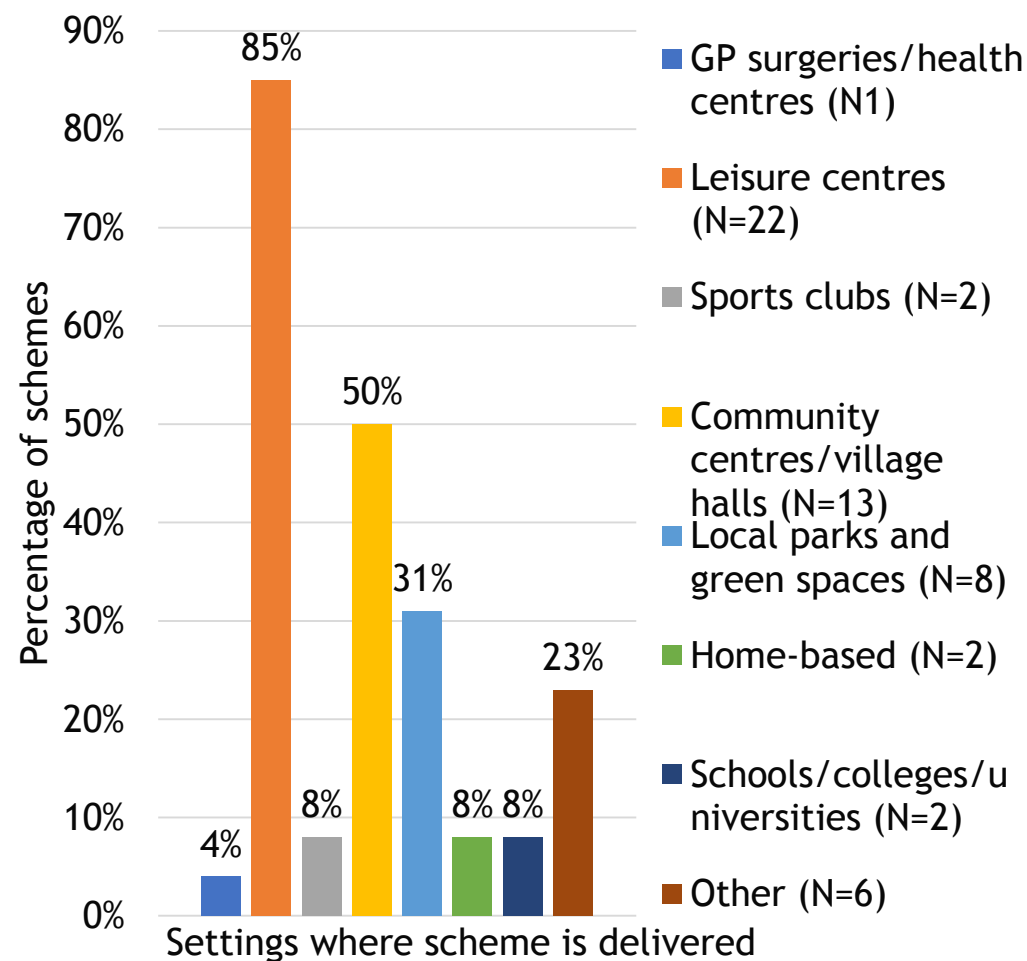
Scheme delivery

Main service providers (N=24)



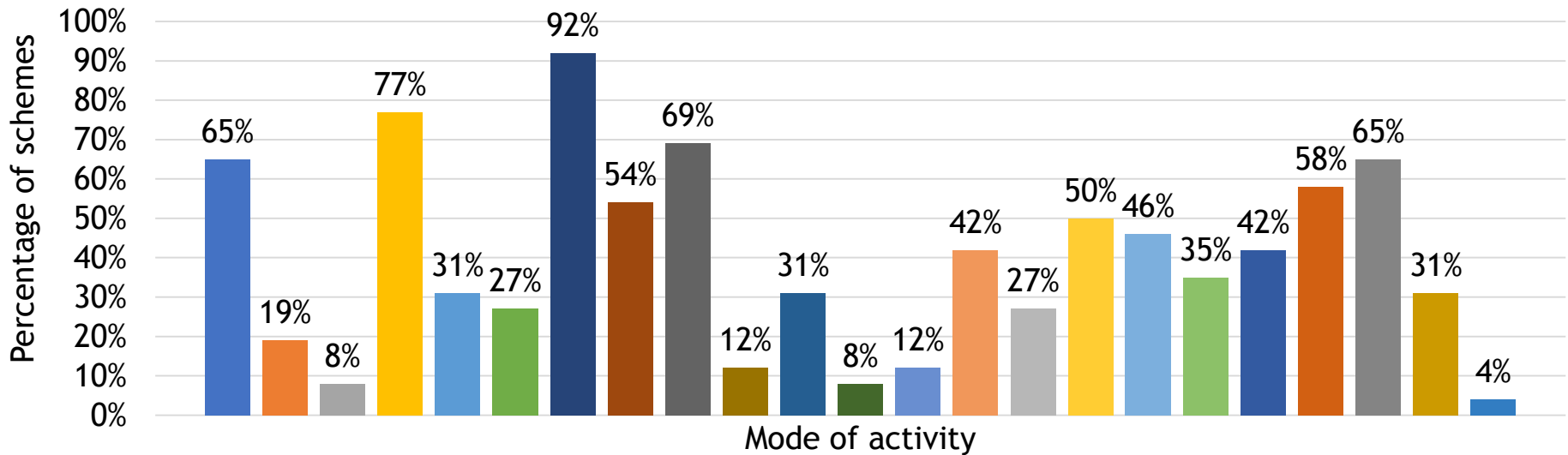
- Local Authority (N=6)
- Leisure Trust (N=15)
- Multi-providers (N=2)
- Community/Voluntary Sector (N=1)

Settings used by schemes (N=26)



Settings where scheme is delivered

Activities on offer



- Aqua aerobics/other pool-based exercise (N=17)
- Bowls (N=2)
- Dance (N=8)
- Gym-based sessions (N=24)
- Led-walks (N=18)
- Home-based activities (N=8)
- Nordic walking (N=3)
- Sports (N=7)
- Tai-chi (N=12)
- Yoga/pilates (N=11)
- Multiple (combined) long-term condition classes (N=17)
- Other (N=1)

- Cycle rides (N=5)
- Chair-based exercise (N=20)
- Gardening (N=7)
- Group exercise classes (N=14)
- Independent walking (N=3)
- Jogging/running sessions (N=2)
- Spinning (N=11)
- Swimming (N=13)
- Walking sports, for example walking football (N=9)
- Condition specific classes (N=15)
- Functional/symptom limitation classes (N=8)

- **65% of schemes (N=17)** were part of an exit pathway for secondary care rehabilitation services:
 - hospital-based stroke, cardiac, pulmonary or falls rehabilitation to cancer care, pain management, dietetics and physiotherapy.
- **remaining 35% of schemes (N=9)** were either not part of an exit pathway for secondary care services or did not know
- 1 scheme - exit route has now ceased to exist as a lack of resources

- **56% of schemes (N=14) linked to other physical activity or behaviour change programmes:**
 - 64% (N=9) smoking cessation services and
 - 50% (N=7) weight management programmes.
 - Other links addiction support, mental health support and diabetes prevention/education classes.

Qualifications

- All schemes report minimum qualifications for working with referred patients
- Type and level of qualifications required varied between schemes
- 77% REPSs level 3 quals
- 12% REPs level 4 quals
- 4% voluntary sector - walk leader & chair-based quals

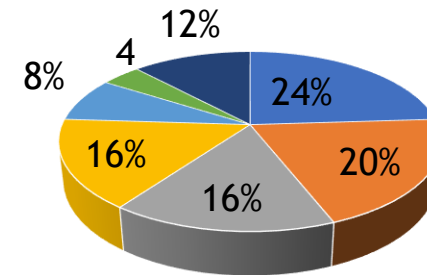
Continuing Professional Development (CPD)

- 84% of respondents reported CPD is encouraged
- CPD offered varies across schemes, examples:
 - ‘In-house’ training
 - Training by local hcps
 - Externally commissioned courses

Scheme performance indicators:

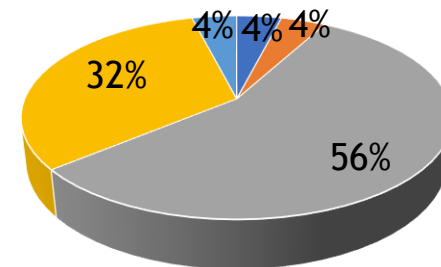
- No. referred to the scheme
- No/% taking up the referral
- No/% completing the programme
- No. of activity sessions attended
- No/% dropping out of the scheme
- No. active at specific time points
- No. taking out memberships after the programme
- No. follow-up contact appointments attended
- Number and range of healthcare professionals referring into the scheme

Number of referrals
(N=25)



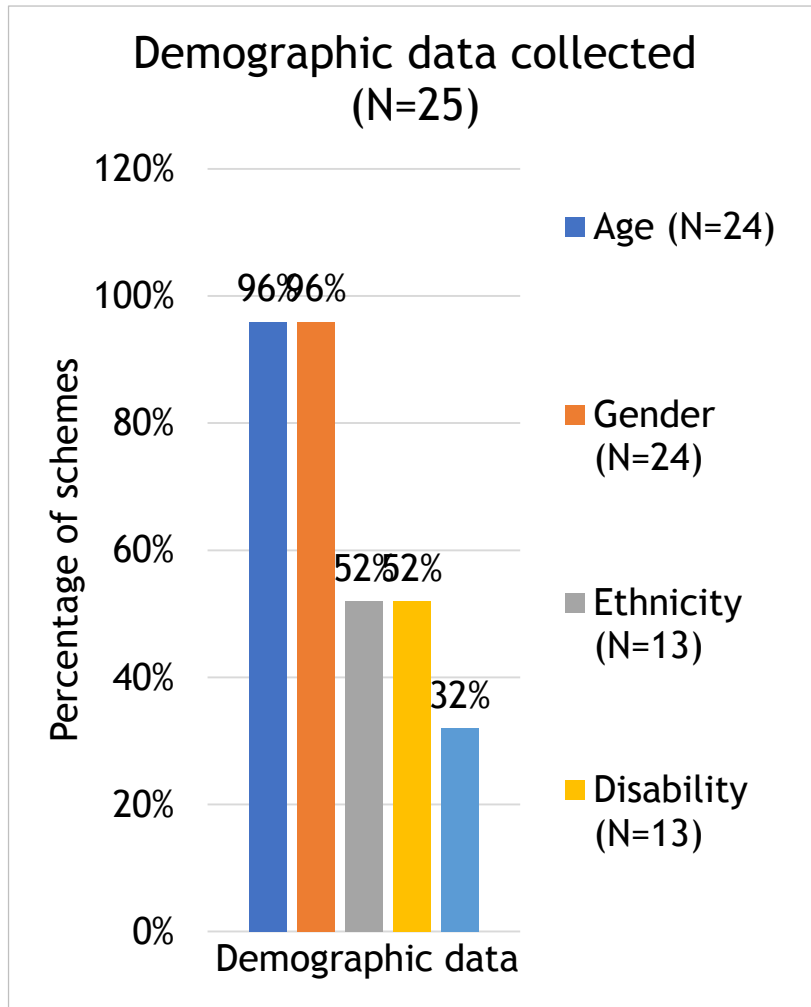
- < 250 (N=6)
- 300-500 (N=5)
- 500-1000 (N=4)
- 1000-1500 (N=4)
- 3000-4000 (N=2)
- 6000+ (N=1)
- Don't know (N=3)

Percentage taking up referral
(N=25)



- 21-40% (N=1)
- 41-60% (N=1)
- 61-80% (N=14)
- 81-100% (N=8)
- Don't know (N=1)

Programme reach



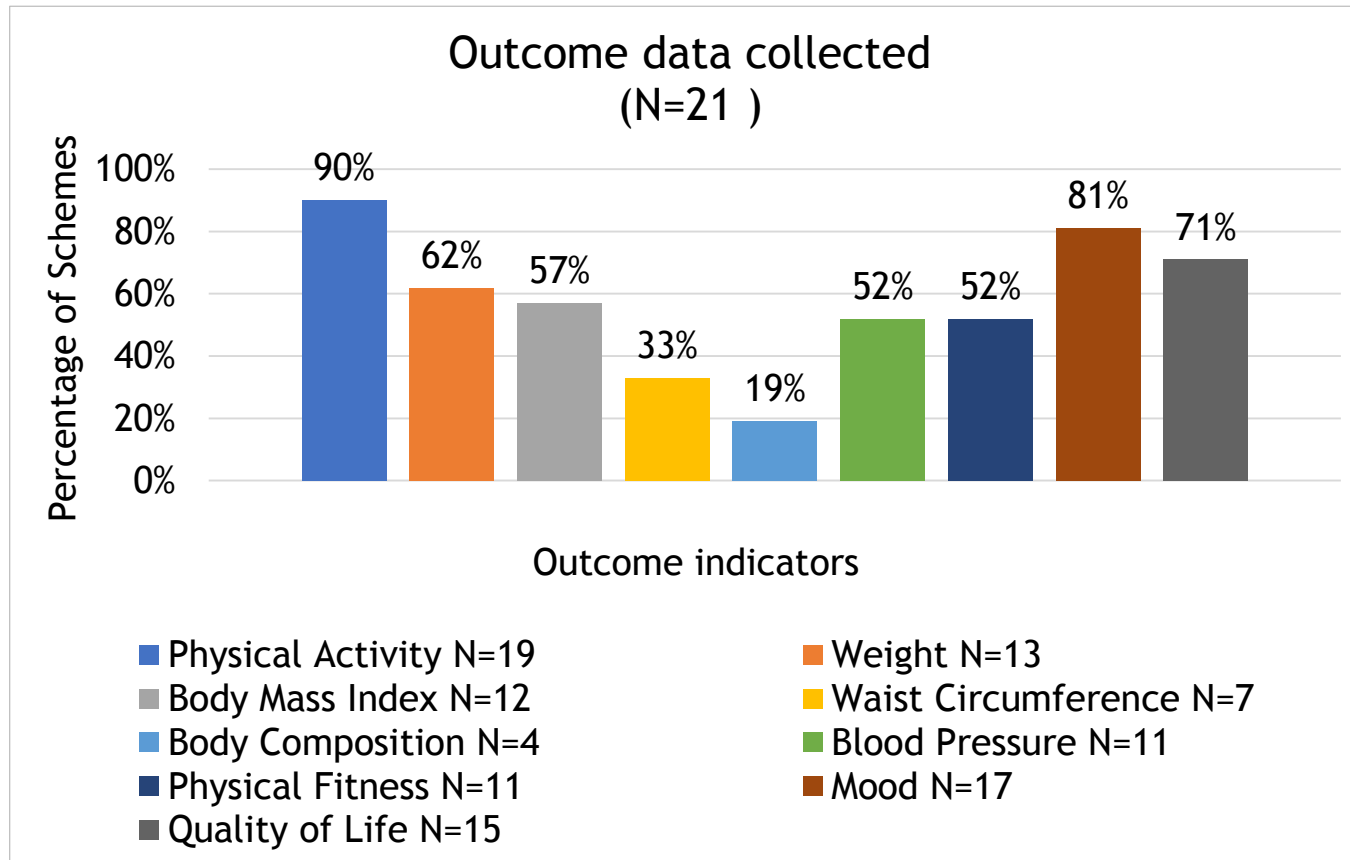
Evaluation

- 84% (N=21) evaluate their schemes
- 16% (N=4) not evaluated.
 - Lack of staff (N=2),
 - difficulties collating data accurately (N=1)
 - absence of a policy/evaluation process (N=1).

Across schemes there were variations in terms of what and when data was collected. For example:

- 90% (N=19) of schemes indicated that they collect data on physical activity. Of these:
 - 16% (N=3) collected physical activity data at baseline
 - 11% (N=2) collected data baseline and at 3 months;
 - 21% (N=4) collected data at baseline, at 3 months and at 6 months;
 - 21% (N=4) collected data at baseline and 3, 6 and 12 months
 - 11% (N=2) collected data at baseline, at 6 and 12 months
 - 1 scheme collected baseline and 12-month follow-up data
 - remaining 16% (N=3) collected physical activity data at baseline and 3, 6, 9 and 12 months
 - 10% (N=2) reported that they did not collect any physical activity data

Outcome data collected

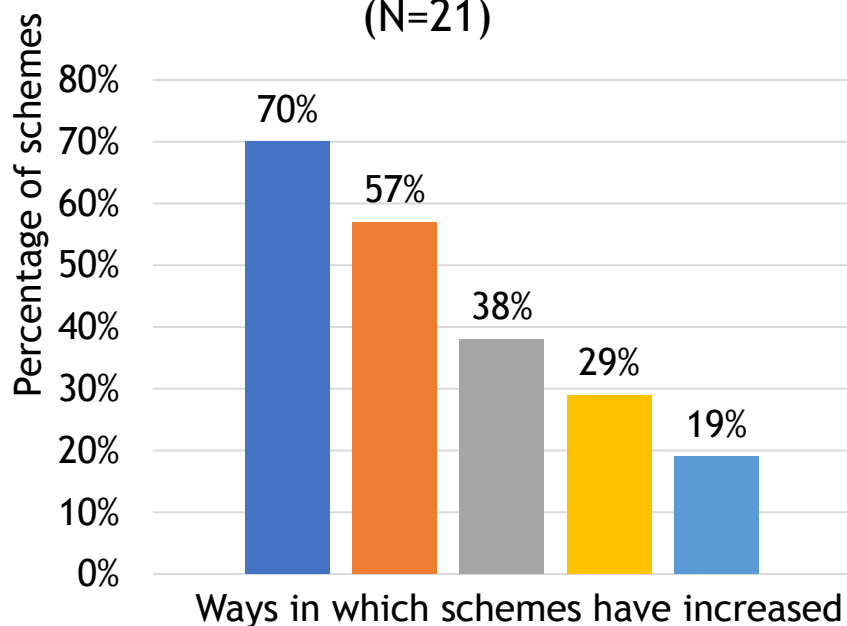


16 schemes collected follow-up physical activity data at some point during or after the scheme, of these:

- 13 collected 3-month follow-up data; 9 reported data - average 71% participants more active @ 3 months
- 13 collected 6-month follow-up data; 7 reported data - average 55% more active
- 3 collected data at 9 months; 2 reported data - 60-80% of people were more active at this time
- 10 collected 12-month follow-up data; 6 reported data - average of 53% of people were more active (range 27% to 80%).

Increases in size and/or scope of schemes

(N=21)



- More Referrals (N=15)
- More activity options /staff/providers (N=12)
- Additional Funding (N=8)
- Wider inclusion criteria (N=6)
- Wider range of referrers (N=4)

Future of schemes

- 63% (N=15) continuing provision
- 25% (N=6) future is unclear as provision is being reviewed
- 13% (N=3) alternative responses
 - funding reviews
 - restricted by funders

Snapshot of the nature and extent of current provision across Scotland in 2018.

Exercise Referral Schemes:

- not delivered as a 'one size fits all'
- tailored to the needs, capacity, resources and funding available locally and/or regionally

Recommendations

- Opportunities for sharing practice and learning between schemes are explored and supported
- Evaluation support - data capture/evaluation design
- Workforce development
- Further research is undertaken to identify the nature and extent of the physical activity interventions which fell outside the scope of this audit

Thank you

